

ANNUAL  
REPORT

State of North Dakota

*BOARD  
OF  
NURSING*



July 1, 2008 – June 30, 2009



# NORTH DAKOTA BOARD OF NURSING

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# **NORTH DAKOTA BOARD OF NURSING**

## **ANNUAL REPORT 2008-2009**

### **MISSION STATEMENT**

The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.

Approved 5/91; 9/93; 11/95.

### **GOAL STATEMENTS**

The North Dakota Board of Nursing will:

1. Public protection is ensured through evidence-based regulation.
2. Effective coalitions exist with stakeholders.
3. Nursing workforce issues are addressed in collaboration with stakeholders.
4. Board member leadership is effective.

### **VISION**

The North Dakota Board of Nursing (Board) works creatively to address the public's need for safe and competent nursing practice. It accomplishes these actions through:

1. Openness to innovative approaches to regulation,
2. Monitoring and analyzing trends and changes in health care and regulation and
3. Anticipates planned changes in nursing regulation.

### **2008-2009 MEMBERS OF THE NORTH DAKOTA BOARD OF NURSING**

Nelson Benson, RN, President  
Julie Traynor, RN, Vice President  
Charlene Christianson, R.N. Treasurer  
Elizabeth Anderson, LPN  
Roxane Case, Public Member  
Melisa Frank, LPN  
Dan Rustvang, RN  
JoAnn Sund, RN,  
Mary Tello-Pool, L.P.N.,

Bismarck, ND  
Devils Lake, ND  
Glenfield, ND  
Fargo, ND  
Fargo, ND  
Dickinson, ND  
Grand Forks, ND  
Fargo, ND  
Bismarck, ND

The Board of Nursing held six regular board meetings during 2008-2009. Minutes of board meetings are available on the web site at [www.ndbon.org](http://www.ndbon.org) or by subscription.

**The North Dakota Century Code 43-12.1-08 provides for the following duties of the Board of Nursing:**

**43-12.1-08. DUTIES OF THE BOARD.** The board shall regulate the practice of nursing. Regulation of the practice of nursing must ensure that a person may not practice or offer to practice nursing or use titles of advanced practice registered nurse, specialty practice registered nurse, registered nurse, licensed practical nurse, or unlicensed assistive person, or titles of a similar nature which denote the practice of nursing to the general public unless licensed or registered as provided in this chapter.

**1. Enforce this chapter.**

**2. Adopt rules necessary to administer this chapter after collaborating and consulting with North Dakota nursing associations and other affected parties.**

One joint rule promulgation of the North Dakota Board of Medical Examiners, the North Dakota Board of Nursing and the North Dakota State Board of Pharmacy was held to address the proposed adoption of N.D. Administrative Code chapter Board of Nursing NDAC 54-05-03.1-10(8) relating to Expedited Partner Therapy occurred in 2008-2009.

The Board members and staff were members of the following task forces/committees in 2008-2009:

National Council State Boards of Nursing

- Executive Officers Network
- Institute for Regulatory Excellence
- TERCAP Task Force
- NCLEX Examination Committee
- Discipline, Education and Practice Networks
- Uniform Core Licensure Requirements
- Nurse Licensure Compact Administrators
- North Dakota Nurse Leadership Council
- North Dakota Organization of Nurse Executives
- Prescriptive Authority Committee includes North Dakota Board of Medication Examiners and North Dakota Board of Pharmacy.
- Nursing Education Capacity Summit Committee
- Nursing Education Consortium Committee (SB 2379)
- North Dakota Domestic and Sexual Violence State Prevention Team Committee
- Prescription Drug Monitoring Program Committee
- PHEVR/MRC Advisory Committee
- ND Hospital Tele-Pharmacy Project Report

**3. Appoint and employ a registered nurse to serve as executive director and approve any additional staff positions necessary to administer this chapter.**

During the fiscal year 2008-2009 the Board of Nursing staff included the following persons:

Constance Kalanek PhD, RN	Executive Director
Karla Bitz, PhD, RN	Associate Director
Patricia Hill, BSN, RN	Assistant Director for Practice and Discipline
Linda Shanta, PhD, RN	Associate Director for Education
Julie Schwan	Administrative Services Coordinator I
Gail Rossman	Data Processing Information Specialist II
Sally Bohmbach	Administrative Assistant II
Kathy Zahn	Administrative Assistant III
Brian Bergeson	Special Assistant Attorney General for the ND Board of Nursing

**4. Establish fees and receive all moneys collected under this chapter and authorize all expenditures necessary to conduct the business of the board. Any balance of fees after payment of expenditures must be used to administer this chapter.**

Fees for the 2008-2009 fiscal year were as follows:

Biennial Renewal of License Fee	RN	\$90.00
	LPN	\$80.00
Licensing Examination Fee	RN	\$110.00
	LPN	\$110.00
Licensing Endorsement Fee	RN	\$110.00
	LPN	\$110.00
RN Advanced Practice License Application Fee		\$100.00
Prescriptive Authority Initial Application Fee		\$50.00
RN Advanced Practice Biennial Renewal Fee		\$40.00
Prescriptive Authority Biennial Renewal Fee		\$50.00
Verification of License Fee		\$15.00
Duplicate License		\$10.00
Transcripts for Graduates of Closed Nursing Programs		\$10.00
Change of Name Affidavit		\$15.00
School Survey Fee		\$500.00
CE Approval for contact hours (CH)		\$25.00/1 CH
		\$75.00/3-9 CH
		\$100.00/10 + CH
Administrative Code (Blue Book)		\$20.00
Unlicensed Assistive Person Registry App		\$30.00
Unlicensed Assistive Person Renewal Application		\$30.00
Medication Assistant Application		\$30.00
Medication Assistant Application III		\$40.00
Unlicensed Assistive Person Duplicate Card or Name Change		\$15.00
NNAAP Testing Fee		\$110.00
Database lists		\$50.00 RNs
		\$20.00 LPNs
		\$15.00 APRNs
		\$12.00 Pres Auth
Photocopies		.25 per page

The Board of Nursing develops an annual budget for receipts and expenditures. A statement of the receipts and expenditures for 2008-2009 is found in Appendix II. An audit of the receipts and expenditures is performed at the end of each fiscal year and submitted by the auditor to the Governor's office. Complete audit reports are available for review at the board office.

**5. Collect and analyze data regarding nursing education, nursing practice, and nursing resources.**

The NDBON provides funding for the Nursing Needs Study. The 7<sup>th</sup> year of the study has been completed. The Board also received grant funding for the Nurse Faculty Intern Pilot Study from the NCSBN Research Institute for FY 2006-2008. The project was not funded for the additional research however the Board continued the study without funding through June 30. Lastly, the Board received funding from NCSBN through the Office for the Advancement of Telehealth for the implementation of the Criminal History Record Check process for the Nurse Licensure Compact.

**6. Issue and renew limited licenses or registration to individuals requiring accommodation to practice nursing.**

NDAC chapter 54-02-09 related to a limited license became effective September 1, 1996. No individual applied for a limited license for the fiscal year 2008-2009.

**7. Establish confidential programs for the rehabilitation of nurses with workplace impairments.**

The Nurse Advocacy Program, a monitored rehabilitation program for nurses with workplace impairments, was initiated in July 1991 as a special project. The 1995 revision of the Nurse Practices Act legitimized it as a formal program administered by the Board. A Nurse Advocacy Program Committee of the Board of Nursing reviews and recommends policy to the board. Effective April 1, 2004, the Nurse Advocacy Program was renamed the Workplace Impairment Program. Members of the committee for 2008-2009 were Charlene Christianson RN, Elizabeth Anderson LPN, and Julie Traynor RN. External committee members included: Michael Kaspari RN and Renee Olson LPN.

**WORKPLACE IMPAIRMENT PROGRAM FISCAL YEAR STATISTICS**

	<i>FY 05-06</i>	<i>FY 06-07</i>	<i>FY 07-08</i>	<i>FY 08-09</i>
Enrollment	15	16	21	11
Successful Completion	5	4	13	10
Terminated for Noncompliance	8	7	5	12

**8. Establish a nursing student loan program funded by license fees to encourage individuals to enter and advance in the nursing profession.**

The Nursing Education Committee met four times during the 2008-2009 fiscal year. The committee members were: Julie Traynor RN, Roxane Case Public Member, and Mary Tello Pool LPN. External committee appointments included: Julie Anderson RN, Kimberly Ash RN, Evelyn Orth RN, and Trish Strom RN.

**NURSING EDUCATION LOAN DISBURSEMENTS PER FISCAL YEAR**

The following table identifies the nursing education loan disbursements by program type and monetary awards for the last five years.

<i>Nursing Education Loans awarded for:</i>	<i>04-05</i>		<i>05-06</i>		<i>06-07</i>		<i>07-08</i>		<i>08-09</i>	
LPN Certificate Program					1	\$675	1	\$750	2	\$1000
LPN Associate Degree Prog	6	\$4500	11	\$4950	4	\$4390	3	\$2250	1	\$500
RN Associate Degree Program					2	\$2680	3	\$3000	8	\$6000
RN Baccalaureate Degree Prog	41	\$36,800	33	\$33,500	24	\$26,480	36	\$33,080	29	\$24,500
Master's Degree Program	15	\$16,500	8	\$8800	11	\$13,440	11	\$15,700	18	\$25,550
Doctoral Program	4	\$6000	6	\$15,000	10	\$12,765	6	\$12,100	10	\$13,755
Refresher Course	1	\$300	0	0	0	0	0	0	0	0
<b>Total</b>	<b>67</b>	<b>\$64,100</b>	<b>58</b>	<b>\$62,520</b>	<b>52</b>	<b>\$60,430</b>	<b>60</b>	<b>\$66,880</b>	<b>68</b>	<b>\$71,305</b>

**NURSING EDUCATION LOAN PROGRAM CANCELLATIONS PER FISCAL YEAR**

Prior nursing education loans were cancelled in the last five years in the following manner:

<i>Cancellations:</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>
By Employment in N.D.	21	40	34	21	46
Partial Repayment/Partial Employment in ND	1	2	1	2	2
By Monetary Repayment	2	0	4	4	0
Cancelled due to Death/Disability	0	0	0	0	0
<b>Total</b>	<b>24</b>	<b>42</b>	<b>39</b>	<b>27</b>	<b>48</b>

## 9. Establish a registry of individuals licensed or registered by the board.

### TOTAL NUMBER OF LICENSED NURSES PER FISCAL YEAR

Nursing licenses expire on December 31. Nursing licenses are issued for one year or two years according to criteria established by the Board of Nursing. Total numbers of nurses licensed each fiscal year are as follows:

<i>Year</i>	<i>Calendar Yr 2004</i>	<i>Fiscal Yr 2005-2006</i>	<i>Fiscal Yr 2006-2007</i>	<i>Fiscal Yr 2007-2008</i>	<i>Fiscal Yr 2008-2009</i>
Registered Nurse	8618	8804	9122	9634	9975
Licensed Practical Nurse	3434	3485	3594	3634	3647
<b>Total Nurses Licensed</b>	<b>12,052</b>	<b>12,289</b>	<b>12,716</b>	<b>13,268</b>	<b>13,622</b>

### TOTAL NUMBER OF UNLICENSED ASSISTIVE PERSON STATISTICS PER FISCAL YEAR

Effective April 1, 2004 unlicensed assistive person registration were subject to renewal on or before June thirtieth of the second year and every two years thereafter. The active unlicensed assistive person registry statistics per fiscal year are as follows:

	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>
<b>Total</b>	<b>3530</b>	<b>3170</b>	<b>3479</b>	<b>4504</b>	<b>4009</b>

### Medication Assistant Programs:

The Board conducted paper survey reviews and took the action on the following programs during 2008-2009:

- No paper survey reviews were completed during the fiscal year 2008-2009.
- The Medication Assistant Program I for MSU-Bottineau was reviewed and approved July 2004. The program has not sought re-approval and is voluntarily closed.

## 10. Report annually to the governor and nursing profession regarding the regulation of nursing in this state.

The board prepares an annual report for the governor and to NDNA.

## 11. Conduct and support projects pertaining to nursing education and practice.

### NORTH DAKOTA NURSING NEEDS STUDY

The Nursing Needs Study was recommended in 2001, by the North Dakota State Legislature to address potential shortages in nursing supply (NDCC Nurse Practices Act 43-12.1-08.2). Specifically, the North Dakota Board of Nursing was directed to address issues of supply and demand for nurses, including issues of recruitment, retention and utilization of nurses. To respond to this request, in 2002, the North Dakota Board of Nursing contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences to conduct the study. The study is completing its fifth year of data collection. The Board approved a ten-year timeline for the study, so data collection is projected to continue for three more years. A few states have had continuous data collection in order to maintain current information about the status of nursing workforce. For example, North Carolina has been collecting nursing workforce information since 1991.

The first six years of the study was designed to collect a comprehensive set of baseline data with information from all types of health care facilities including hospitals, long-term care, clinics, home health and public health; information from licensed nurses at all levels from licensed practical nurses to a doctoral prepared nurses; from current students and faculty in nursing education programs and finally from high school students throughout the state. Information has been collected about all components of North Dakota's nursing pipeline from supply through demand. Data collected included over 9,000 separate pieces of information including surveys, interviews and focus groups. Results from the study have been published in 19 reports and in four fact sheets. This report highlights information about supply and demand of nurses. Comprehensive information is available on our website at <http://medicine.nodak.edu/crh>.

The following studies have been conducted in 2008-2009 funded at a cost of \$35,000:

- Licensed Nurse Survey
- Student Survey

#### **LICENSED NURSE SURVEY CONCLUSIONS AND POLICY RECOMMENDATIONS:**

Overall, income for LPNs, RNs, and APNs has increased. However, rural nurses continue to lag behind urban nurses with lower incomes. This difference emphasizes the need to work toward equivalent pay scales across areas of the state. Additionally, nurses in North Dakota reported incomes substantially less than the national average across each nursing level.

Education of the next generation of nursing staff continues to be an essential element to transitioning new nurses into the field. There is an upward trend between 2007 and 2009 toward interest in a faculty role by LPNs and RNs/APNs. Barriers to a faculty position have not changed markedly as a personal lack of interest and a lack of interest in obtaining the required education continued to represent that majority reason for not teaching at the post-high school level. Comparisons indicated that all barriers decreased somewhat with the most significant decrease (18% to 10%) was better pay outside of educational settings.

Nurses' expected age to end direct care and retire from nursing emphasize workforce concerns. The average age of LPNs was 45 and the average age of RN is 44, which LPNs have higher and RNs have lower average ages of nurses in the U.S. Nurses in urban areas plan to stop providing direct care earlier than nurses in semi-rural and rural areas. Approximately 25 percent of RNs, LPNs, and APNs plan to retire in the next 8-10 years. Nurses cited increased pay, flexible scheduling, and ability to work part time as the changes that would most likely delay retirement.

Within the past two years, nurses have seen larger patient care loads, utilization of voluntary overtime to cover staffing needs, increased floating and increased non-patient care activities. Nurses reported being slightly more satisfied with direct care, professional role, and autonomy categories of their positions compared to 2007 where it was more mixed in regards to their viewpoint of power structure and pay. Steps taken by facilities to improve the situation would likely result in higher job satisfaction, possibly delaying retirement for many nurses.

#### **Specific Policy Recommendations**

- Increase recruitment and retention rates among under-represented populations.
- Continue working toward equivalent pay scales for nurses working in rural and urban areas.
- Implement recruitment, retention, and education programs designed to address the loss of one-fourth of the nursing workforce in the next 8-10 years.
- Design programs to retain older nurses in order to increase the number of years that nurses are working and providing direct care.
- Continue to find ways to encourage nurses to pursue a faculty role.

#### **Student survey conclusions and policy recommendations**

- More LPN and RN students are planning to work in North Dakota post-graduation than in 2004. There was a slight decrease in the percentage of APN students planning to work in North Dakota. Programs designed to retain students including grow-your-own programs will continue to increase the availability of an adequate supply of nurses in North Dakota.
- Many more LPN, RN and APN students plan to work in a rural area at some point in their career than in 2004. Programs designed to recruit student post-graduation as well as after they have been in the field will help to recruit new nurses to rural areas. Only one-third of students indicated that they had a rural clinical rotation during their program, so efforts to increase students to rural practice settings will also be important.



- As in 2004, the vast majority of LPN and RN students anticipate being employed in a hospital setting. Programs to increase awareness and exposure to diverse employment settings will assist students in examining a variety of career options outside of the hospital setting.
- Many LPN and RN students plan to start working post-graduation and either pursue another education degree immediately or in the future indicating a desire to move through a career ladder. Programs that encourage nurses to pursue further education including employer-sponsored tuition assistance and state loan repayment programs will help to encourage this movement.
- More males are entering into nursing, however the male nurse remains under represented which emphasizes the need for continued efforts in recruiting male into nursing. The same is true for the racial/ethnic minority as the North Dakota nursing student is predominantly Caucasian and female. Research has shown that children know what careers they don't want by age 11, so it will be important to reach people at an early age such as elementary school. (Breakthrough to Nursing, National Survey Results, 2005)
- Overall students in their final year of their program felt prepared to perform nursing functions following graduation. LPN students felt slightly less prepared in communication and the nursing process than in 2004. RN students indicated that they felt more prepared in all areas of expertise than in 2004. APN students felt the least prepared in advance theory research as it relates to their specific area of nursing specialization.

## NURSE FACULTY INTERN PILOT STUDY

The North Dakota Board of Nursing has received a \$117,000 grant for the Nurse Faculty Intern Pilot Study for a two year study. The National Council State Boards of Nursing's Center for Regulatory Excellence Grant Program funds innovative projects that can have measurable impact on nursing regulation and can create meaningful change. The purpose of this Nurse Faculty Intern (NFI) Study is to investigate the role development of nurse educators and expand the general knowledge about the mechanism in which nursing graduate students gain competencies related to teaching and learning through practical experience while working closely with seasoned mentors in their employing nursing education programs.

The researchers have met the requirements of the research process and followed the timeline closely to track progress. Preliminary analysis of the data from 06-09 has been initiated and is ongoing. The study continued for one additional semester through June 30, 2009. At the conclusion of the study three years of data has been collected. The team continues to receive applications for the pilot project from the nursing programs for AY 009-10. The Board will continue the project for the Ay 09-10 without funding or data collection.

Data collection and analysis for the Nurse Faculty Intern Pilot Study has been ongoing for the past two and one-half years. During that time, 61 NFIs who were enrolled in graduate nursing education programs, either from the preparation focus relating to advanced nursing practice or toward the nurse educator role participate from across North Dakota. Most (72%) were serving as graduate teaching assistants and had an average of ten years of nursing experience prior to graduate school. Results from the first phase of the study indicated a need for intentional role development not only for the NFI but also for the mentor. Even though NFI's had many years of nursing experience they expressed the need for orientation to teaching pedagogy in order to better utilize their nursing knowledge when working with students. Mentors also expressed the need for further development including mentoring and problem solving strategies.

The preliminary findings have been presented at the following:

- Midwest Nurse Educators Academy, May 18-20, 2009- podium and poster presentations.
- AACN Master's Conference February 19-21, 2009.
- RWJF Nursing Education Capacity Summit February 4& 5, 2009.
- NCSBN Faculty Shortage: Implications for Regulation, Chicago, March 26, 2008.
- University of ND – Rural and Public Health Conference- March 20-21, 2007.

The preliminary findings have been published in the following:

Shanta, L., Kalanek, C., & Moulton, P. (2008 Fall). North Dakota Board of Nursing nurse faculty intern pilot study. *Leader to Leader*.

The research team will continue with the analysis for the next year and prepare an article for publication. The response to this project has been phenomenal at all the presentations, albeit podium or poster. The response rate of the NFI participants, this last spring semester, was 94% for the mentor and 97% for the NFI, which we feel is indicative of the importance of the project.

## Implementation of Nurse Licensure Compact-Criminal History Record Checks (CHRC)

The Board implemented the criminal history record check (CHRC) process as an in house process effective on July 17, 2008. All initial applicants after July 1, 2008 were required to submit to a CHRC. Since last July, 2416 fingerprint cards have been sent upon receipt of application. Eighty-eight percent of those cards were returned for processing. 12% of the cards were returned for errors, 12% of the fingerprints cards needed retakes, 5% of prints were rejected and were forwarded for Name Search. 10% of CHRC results had a rap sheet. Staff also identified the chain of custody issues that continue to be of concern related to issuance of fingerprint cards directly to the applicant and include the following chain of custody issues:

- Fingerprint cards are sent to the licensee's home address.
- If licensee notifies staff that they did not receive two cards, another set of fingerprint cards are sent to the same address.
- Once fingerprinted, the cards are returned to the applicant to submit to NDBON.
- Incomplete demographic information or signatures returned to applicant.
- Signature of law enforcement missing from fingerprint card and returned to application for completion.
- Cards received in office signed by law enforcement but no demographic information completed by applicant are not returned to applicant but sent another set of fingerprint cards.

Other issues:

- NSF Checks
- Outdated money orders.

The North Dakota Board of Nursing is a novice in the process. We are learning something new every day about the process. Overall, implementation has been difficult. The development of policies and procedures is ongoing along with the technology enhancements. After 12 months we are able to provide several recommendations for improvement and include the following:

1. Develop a standard for seriousness of the level of criminal activity that would be reviewable by Board prior to implementation, i.e. are only felonies barriers to licensure.
2. Develop a standard for timeframes of criminal activity related to issuance of licenses (i.e. felony that occurred 5 years or 10 years ago).
3. Establish a centralized state agency to conduct and coordinate CHRCs.
4. Develop a national and state standard as to what can/cannot be disseminated and to whom.
5. Develop a mechanism at the national and state level for electronic submission of noncriminal fingerprints.
6. Develop an online system for payment of fees to Bureau of Criminal Investigation and Federal Bureau of Investigation.
7. Develop a standard for repetition of the fingerprinting process when an applicant upgrades to the next level of licensure.
8. Develop a set standard for a time frame for the issuance of temporary permits.

## ADMINISTRATION OF THE NATIONAL NURSE AIDE ASSESSMENT PROGRAM

The NNAAP Examination is a nationally administered certification program that is jointly owned by Promissor and the National Council of State Board of Nursing and is an assessment instrument to determine eligibility for certification as a certified nurse aide. Pearson Vue, a leading international educational publisher and assessment company, acquired Promissor, Inc. January 2006, and for the past two years Promissor has operated under the name *Promissor, Inc., A Pearson VUE Company*. As of January 1, 2008 the Promissor name has been retired, and the company name is Pearson VUE. Fax scoring implemented May 1, 2004 has allowed for more rapid placement of newly certified nurse aides on the nurse aide registry.

### (NNAAP) TESTING SUMMARY PER FISCAL YEAR

Year	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Written/Oral	1119	987	985	1041	1059
Manual	1191	1046	1039	1096	1128

## 12. Notify the board of pharmacy on an annual basis, or more frequent basis if necessary, of advanced practice registered nurses authorized to write prescriptions.

The Board of Pharmacy is notified on a quarterly basis of the names of all advanced practice registered nurses with prescriptive authority. Also, the Board of Pharmacy is sent the names of all newly licensed advanced practice registered nurses with prescriptive authority on an individual basis.

**13. Adopt rules to allow nurses licensed by another state to receive short term clinical education in North Dakota health care facilities.**

The board did not receive any requests for short-term clinical education licensure waiver in 2008-2009.

**43-12.1-09 Initial licensure and registration.** The board shall license and register nursing applicants. The board shall adopt rules establishing qualifications for initial licensure and registration.

The Board of Nursing contracts with the National Council of State Boards of Nursing, Inc. to use the NCLEX-RN® examination and NCLEX-PN® examination. Computerized adaptive testing is the method used to administer the NCLEX-RN® examination and NCLEX-PN® examination. The Board provides the nursing program faculty information regarding the application and registration process for NCLEX® examinations to North Dakota nursing students throughout 2008-2009.

A biennial license cycle is followed for registered nurses and licensed practical nurses. Newly licensed nurses receive a license for the remainder of the calendar year and then renew according to the biennial cycle. The Board of Nursing maintains a permanent electronic file of licenses or registrations issued to registered nurses, licensed practical nurses and the unlicensed assistive person. The file is open to the public.

**NEW LICENSES ISSUED BY FISCAL YEAR**

<i>Registered Nurse</i>	<i>Calendar Yr 2004</i>	<i>Fiscal Yr 2005-2006</i>	<i>Fiscal Yr 2006-2007</i>	<i>Fiscal Yr 2007-2008</i>	<i>Fiscal Yr 2008-2009</i>
Examination	318	426	460	542	542
Endorsement	210	232	249	332	262
<i>Licensed Practical Nurse</i>	<i>2004</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>
Examination	203	346	289	284	287
Endorsement	63	79	82	98	58
<b>Total</b>	<b>794</b>	<b>1083</b>	<b>1080</b>	<b>1256</b>	<b>1149</b>

**TOTAL NUMBER OF LICENSED NURSES PER FISCAL YEAR**

Nursing licenses expire on December 31. Nursing licenses are issued for one year or two years according to criteria established by the Board of Nursing. Total number of nurses with an active license each fiscal year is as follows:

<i>Year</i>	<i>Calendar Yr 2004</i>	<i>Fiscal Yr 2005-2006</i>	<i>Fiscal Yr 2006-2007</i>	<i>Fiscal Yr 2007-2008</i>	<i>Fiscal Yr 2008-2009</i>
Registered Nurse	8618	8804	9122	9634	9975
Licensed Practical Nurse	3434	3485	3594	3634	3647
<b>Total Nurses Licensed</b>	<b>12,052</b>	<b>12,289</b>	<b>12,716</b>	<b>13,268</b>	<b>13,622</b>

**TOTAL ADVANCED PRACTICE LICENSURE BY FISCAL YEAR**

<i>Year</i>	<i>Calendar Yr 2004</i>	<i>Fiscal Yr 2005-2006</i>	<i>Fiscal Yr 2006-2007</i>	<i>Fiscal Yr 2007-2008</i>	<i>Fiscal Yr 2008-2009</i>
Certified Registered Nurse Anesthetist (CRNA)	264	292	311	246	268
Certified Nurse Midwife (CNM)	8	7	9	9	9
Clinical Nurse Specialist (CNS)	34	38	37	38	38
Nurse Practitioner (NP)	296	308	329	343	355
Clinical Nurse Specialist/Nurse Practitioner (CNS, NP)	1	1	3	2	2
Nurse Clinician (NC)	2	2	2	2	2
CRNA, NP	0	1	3	1	1
<b>Total</b>	<b>605</b>	<b>649</b>	<b>694</b>	<b>641</b>	<b>675</b>

**TOTAL NUMBER OF INITIAL UNLICENSED ASSISTIVE PERSONS PER FISCAL YEAR**

Initial registry listing will be subject to renewal on or before June thirtieth of the second year and every two years thereafter. The active unlicensed assistive person registry statistics per fiscal year are as follows:

Year	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
<b>Total</b>	<b>2774</b>	<b>2371</b>	<b>2525</b>	<b>3207</b>	<b>2678</b>

**TOTAL NUMBER OF MEDICATION ASSISTANTS PER FISCAL YEAR**

The Medication Assistant registration is issued to correspond with the applicant registration as an unlicensed assistive person .

Year	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Board of Nursing Registry Medication Assistant	505	609	688	889	697
Health Department Medication Assistant	756	799	954	1297	1331
<b>Combined Total</b>	<b>1261</b>	<b>1408</b>	<b>1642</b>	<b>2186</b>	<b>2028</b>

**43-12.1-09.1. Nursing licensure or registration – Criminal history record checks.**

The Board was granted the authority to require criminal history record checks in 2007. The process was implemented July 2008.

Year	2008-2009				
Total fingerprint cards sent	2416				
Completed results	2040				
Endorsement applicants- LPN	75				
Endorsement applicants- RN	302				
Records included a RAP Sheet	194				

**43-12.1-14 Grounds for Discipline – Penalties.**

The Disciplinary Review Panel comprised of the executive director, RN directors, and special assistant attorney general, review and investigates all requests for investigation. Disciplinary action is taken by the board and may include acceptance of a stipulated settlement, conducting a board hearing, or dismissal of the request for lack of evidence.

**INVESTIGATIVE AND DISCIPLINARY STATISTICS (RN/LPN/UAP) BY FISCAL YEAR**

<b>DISCIPLINARY ACTION</b>	<b>FY 05-06</b>	<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>
Reprimand	31	68	50	56	
Probation	7	7	10	5	
Suspension	10	13	13	16	
Suspension stayed	0	3	2	1	
Voluntary Surrender	15	13	7	8	
Revocation	1	0	0	0	
Denial of License/Reg	10	3	6	6	
NLC Privilege	0	0	0	1	
<b>PRACTICE BREAKDOWN CATEGORIES</b>	<b>FY 05-06</b>	<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>
Medication Administration	4	4	3	8	
Documentation	3	2	9	10	
Attentiveness/Surveillance		0	1	0	
Clinical Reasoning		1	6	4	
Interpretation of authorized provider's orders		2	4	6	
Intervention		0	5	5	
Prevention		1	0	0	
Professional responsibility/ patient advocacy		6	7	8	
<b>INTENTIONAL MISCONDUCT OR CRIMINAL BEHAVIOR</b>	<b>FY 05-06</b>	<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>
Changed/falsified charting		1	6	0	
Criminal conviction		7	8	7	
Deliberately cover up error		0	0	1	
Fraud		4	3	4	
Patient abuse		2	0	0	
Theft (include drug diversion)		7	6	6	
Other		0	0	0	
<b>OTHER VIOLATIONS</b>	<b>FY 05-06</b>	<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>
Action in Another Jurisdiction	1	2	2	0	
Alcohol/Drug Abuse/Dependency	0	8	6	5	
Failure to Adhere to CE Requirements	2	0	2	0	
Practicing Without a License/Registration	10	49	23	37	
Violation of Board Order	6	6	3	4	
Violation of WIP	4	6	3	6	
Failure to comply with investigation	N/A	N/A	0	1	
Other		1	3	0	
<b>INVESTIGATIVE/NON-DISCIPLINE DISPOSITION</b>	<b>FY 05-06</b>	<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>
Positive Response	382	394	361	316	
PVR's Received	112	171	169	154	
Dismissal	31	24	39	28	
Letter of Concern	41	43	42	36	

**43-12.1-17 Nursing education programs.**

The board shall adopt rules establishing standards for in-state nursing education programs leading to initial or advanced licensure. A nursing education program may not be provided in this state unless the board has approved the program. The board shall approve, review, and re-approve nursing education programs in this state. The board may not require a statement of intent as part of the approval process under this section.

- 2008-2009 On-site Surveys of the following existing programs for continued full or from initial or conditional to full approval:
  - Granted Full Approval to Dakota Nursing AAS Program – May 2009.
  - Granted Full Approval to The NDSU Graduate Program Through May 2011.
- 2008-2009 Surveys of the following new programs for initial approval:
  - Survey for Initial Approval Turtle Mountain Community College — withdrawal of application accepted July 2009.

**PRACTICAL NURSING PROGRAM ENROLLMENT HISTORY**

<i>Year</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>
Dickinson State University (AASPN)	69	61	69	80	67
ND State College of Science (AASPN)	126	130	115	138	116
Sitting Bull College (ASPN)	11	5	8	6	14
United Tribes Tech College (AASPN)	24	26	27	20	20
Williston State College (AASPN)	60	--	-	-	-
Turtle Mountain Community College (AASPN)	--	--	--	25	-
Dakota Nursing Program PN (Certificate)	82	95	105	124	91
<b>Totals</b>	<b>372</b>	<b>317</b>	<b>324</b>	<b>393</b>	<b>331</b>

**REGISTERED NURSING PROGRAM ENROLLMENT HISTORY**

<i>Year</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>
Dickinson State University (BSN)	47	47	51	55	50
Jamestown College (BSN)	97	108	110	113	107
Medcenter One College (BSN)	134	140	135	139	140
Minot State University (BSN)	123	138	131	120	117
Tri-College University (BSN)	226	closed	NA	NA	NA
Concordia College (BAN)	NA	112	113	114	108
North Dakota State University (BSN)	NA	193	211	204	221
University of Mary (BS)	156	153	165	158	150
University of North Dakota (BSN)	315	318	303	319	382
Dakota Nurse Program (AAS)	NA	52	75	74	84
ND State College of Science (AS)	NA	20	18	24	24
<b>Totals</b>	<b>1098</b>	<b>1281</b>	<b>1312</b>	<b>1320</b>	<b>1383</b>

### MASTER'S NURSING PROGRAM ENROLLMENT HISTORY

<i>Year</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>
University of Mary	44	60	32	110	166
University of North Dakota	96	88	94	113	149
Tri-College University/Concordia	43	50	53	2	NA
North Dakota State University	--	--	--	4	13
<b>Total</b>	<b>183</b>	<b>198</b>	<b>179</b>	<b>229</b>	<b>328</b>

### DOCTORATE NURSING PROGRAM ENROLLMENT HISTORY

<i>Year</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>
University of North Dakota	18	20	19	19	17
North Dakota State University	--	--	--	25	26
<b>Total</b>	<b>18</b>	<b>20</b>	<b>19</b>	<b>44</b>	<b>43</b>
<b>GRAND TOTAL (Enrollment All Programs)</b>	<b>1669*</b>	<b>1808*</b>	<b>1835*</b>	<b>1986</b>	<b>2085</b>

\* Grand total revised by addition of doctorate program enrollment information for years prior to 2007-08

**43-12.1-18. Nursing practice standards.** The board shall adopt rules establishing standards for nursing practice. The board shall consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.

The Prescriptive Authority Committee met once during the 2008-2009 fiscal year. Members of the 2008-2009 Prescriptive Authority Committee were:

Dan Rustvang RN, Chair , Bismarck- Board of Nursing  
 Gordon Leingang, MD, Bismarck - Board of Medical Examiners  
 Rick L. Detwiller, R.Ph, Bismarck - Board of Pharmacy  
 Constance B. Kalanek, Ph.D., RN, Executive Director

### APRN WITH PRESCRIPTIVE PRIVILEGES BY FISCAL YEAR

<i>Year</i>	<i>Calendar Yr 2004</i>	<i>Fiscal Yr 2005-2006</i>	<i>Fiscal Yr 2006-2007</i>	<i>Fiscal Yr 2007-2008</i>	<i>Fiscal Yr 2008-2009</i>
Certified Registered Nurse Anesthetist	0	0	0	0	0
Certified Nurse Midwife	8	7	9	9	9
Clinical Nurse Specialist	20	22	20	20	24
Nurse Clinician	0	0	0	0	0
Nurse Practitioner	270	274	285	311	354
Clinical Nurse Specialist/Nurse Practitioner	1	1	3	2	2
Certified Registered Nurse Anesthetist/ Nurse Practitioner	0	1	1	0	1
<b>Total</b>	<b>299</b>	<b>305</b>	<b>318</b>	<b>342</b>	<b>390</b>

**NDCC 43-12.1-20 Continuing education requirements.** The board shall adopt rules requiring every nurse licensed under this chapter to fulfill continuing education requirements. Before the board may renew or reactivate a license, the licensee shall submit evidence to the board establishing that the required continuing education requirements have been met. The following courses were approved by the board in 2008-2009.

Course Number	Course Name	Sponsor	Date
682	Maximize Your Limited Resources	Options Unlimited Fargo ND	June 28, 2008 May 2008
683	Hot Topics in Nutrition & Mental Health	Prairie St Johns Fargo ND	Reoccurring Approval June 2008 – June 2010
684	The Disease Concept of Addiction	Prairie St Johns Fargo ND	Reoccurring Approval June 2008 – June 2010
685	Peripheral Arterial Disease	Odyssey Research Bismarck ND	July 9, 2008 June 2008
686	Sowing Seeds of Hope	Diocese of Fargo Fargo, ND	October 1, 2008 June 2008
687	Strategies in Family Therapy: Getting Families Involved through Experiential Learning	Prairie St Johns Fargo ND	Reoccurring Approval June 2008
688	Healthy Literacy: Helping Patients Understand	Prairie St Johns Fargo ND	Reoccurring Approval June 2008
689	The Changing Role of the Risk Manager in a Patient Safety Culture	ND Healthcare Association Bismarck ND	July 31, 2008 June 2008
690	The New CMS Interpretive Guidelines of Hospital CoPs: H&P, Verbal Orders, Security of Meds	ND Healthcare Association Bismarck ND	July 15, 2008 June 2008
691	The Joint Commission 2009 Leadership Standards: Ensuring Compliance	ND Healthcare Association Bismarck ND	July 17, 2008 June 2008
692	Level I PASRR Screening & LOC Screening	DDM Ascend Nashville TN	Reoccurring Approval June 2008
693	Under 21 Reviews	DDM Ascend Nashville TN	Reoccurring Approval June 2008
694	The Clinical Efficacy of 12 Step Programs	Prairie St Johns Fargo ND	August 19, 2008 June 2008
695	Caring for Resident with Dementia	Lisa Hustad, PharmD Bismarck ND	Reoccurring Approval June 2008
696	Diabetes: A Review with Implications for the Long Term Care Facility	Developmental Center Grafton ND	June 26, 2008 June 2008
697	Consider the Possibilities by Cat Selman	Valley Memorial Home Foundation Grand Forks ND	July 14, 2008 June 2008
698	Southeast Regional Public Health Nurses Meeting	Fargo Cass Public Health Fargo ND	August 6, 2008 June 2008
699	Northern Plains Conference on Aging and Disability	MN State Univ – Moorhead Moorhead, MN	September 23-25, 2008 July 2008
700	Fibromyalgia	Odyssey Research Bismarck ND	August 20, 2008 July 2008
701	Hospital Discharge Planning – Best Practices	ND Healthcare Association Bismarck ND	August 21, 2008 July 2008
702	Case Management of Children with Asthma	ND School Nurse Organization Fargo ND	August 12, 2008 August 2008
703	Involuntary Commitment Procedures in ND	Prairie St Johns Fargo ND	September 16, 2008 August 2008
704	Assessment Procedures in Assessing Mental Health Services	Prairie St Johns Fargo ND	September 23, 2008 August 2008
705	Influenza	Odyssey Research Bismarck ND	September 17, 2008 August 2008
706	The New CMS Restraint & Seclusion Guidelines: Ensuring Compliance	ND Healthcare Association Bismarck ND	September 25, 2008 August 2008
707	Smooth Moves to Safety: Preventing Patient Movement Related Injuries at the Bedside	ND Healthcare Association Bismarck ND	September 11, 2008 August 2008
708	Myth Busters – The Truth About the Medicare Home Health Benefit	ND Association for Home Care Bismarck ND	October 7, 2008 August 2008
709	Tobacco and Diabetes	Dakota Diabetes Coalition Grand Forks ND	September 18, 2008 August 2008
710	Atypical Antipsychotics	Developmental Center Grafton ND	Reoccurring Approval Sept 2008 – Sept 2010



711	Roots of Change: Growing Strong for 30 Years	NDCAWS/CASAND Bismarck ND	October 1-3, 2008 August 2008
712	Obesity in ND: Finding Solutions	RWJ Executive Fellows Alumni Assoc. Grand Forks, ND	September 9, 2008 September 2008
713	Peak Performance in the New Health Care Market	ND Healthcare Association Bismarck ND	September 24-25, 2008 September 2008
714	Parkinson's Disease Patient & Family Symposium	American Parkinson Disease Assoc. Great Falls, MT	September 5, 2008 September 2008
715	Review of Recent Hypercholesterolemia Treatment Trial Findings	Blue Cross/Blue Shield ND Fargo ND	Reoccurring Approval September 08-10
716	Medicare Workshop	Medcenter One Living Centers Bismarck ND	September 11 & 12, 2008 September 2008
717	Ethics Training for Social Work	Prairie St Johns Fargo ND	October 21, 2008 September 2008
718	Critical Access Hospital Conditions of Participation Part I, II, III	ND Healthcare Association Bismarck ND	October 7, 14, 21, 2008 September 2008
719	RX for Change	ND Board of Nursing Retreat Bismarck ND	September 17, 2008 September 2008
720	Diabetes Care for School Nurses: What you Need to Know and What's New	Fargo Cass Public Health Fargo, ND	October 9, 2008 September 2008
721	Carotoid Stenosis	Odyssey Research Bismarck, ND	October 15, 2008 September 2008
722	Going Home: Working Together to End Long- Term Homelessness	Prairie St Johns Fargo ND	October 28, 2008 September 2008
723	Independent Study Refresher Courses for RN	MN State Community & Tech College Moorhead MN	September 2008 through September 2012
724	Typical Antipsychotics	NE Human Service Center Grand Forks ND	October 14, 2008 September 2008
725	Atypical Antipsychotics	NE Human Service Center Grand Forks ND	November 18, 2008 September 2008
726	Practical Leadership for Nursing Service	Options Unlimited Fargo ND	December 3 & 4, 2008 October 2008
727	Learning to Die	First Lutheran Church Bottineau ND	November 1, 2008 October 2008
728	Reporting Child Maltreatment	Prairie St. John's Fargo, ND	November 18, 2008 October 2008
729	GERD and PUD: What's the Difference?	Medcenter One Living Centers Bismarck, ND	Reoccurring Approval Oct 08 through Oct 10
730	Narcotics and Pain Management Update	St. Joseph's Hospital and Health Center	November 18, 2008 October 2008
731	ADHD	Odyssey Research Bismarck, ND	November 19, 2008 October 2008
732	Mean Kids: Where do they come from and where are they headed?	Prairie St. John's Fargo, ND	November 4, 2008 October 2008
733	Internet Safety: What, Who & How Dangerous?	Prairie St. John's Fargo, ND	November 4, 2008 October 2008
734	Physiological & Psychological Effects of Common Drugs	Prairie St. John's Fargo, ND	November 4, 2008 October 2008
735	Should I Report This? Training for Those Who are Mandated Reporters	Prevent Child Abuse ND Bismarck ND	Reoccurring Approval Nov 2008 – November 10
735	Helping Adolescents get Necessary & Appropriate Psychiatric Care	Prairie St. John's Fargo, ND	November 4, 2008 October 2008
736	The Benefits of Occupational and Recreational Therapy in the Treatment of Psychiatric Cond.	Prairie St. John's Fargo, ND	Nov 4-6; 11-13, 2008 October 2008
737	The Relation of Mood to Physical Activity	Prairie St John's Fargo, ND	November 25, 2008 November 2008
738	Renal Insufficiency	Odyssey Research Bismarck, ND	December 3, 2008 November 2008
739	Sexual Deviance in the New Millennium	MCO Dakota Children's Advocacy Ctr Bismarck ND	January 7 & 8, 2008 November 2008
740	Generic Drugs	Blue Cross/Blue Shield of ND Fargo ND	Reoccurring Approval Nov 08 – November 10
741	Understanding DSM-IV	Prairie St John's Fargo, ND	Reoccurring Approval December 1 – 31, 2008
742	Respiratory Protection	Central Valley Health District Jamestown ND	Reoccurring Approval Nov 08-November 10
743	Anxiolytics & Hypnotics	NE Human Service Center Grand Forks ND	January 13, 2009 November 2008

744	Mood Stabilizers	NE Human Service Center Grand Forks ND	December 9, 2008 November 2008
745	Dynamics of Suicide and Self-Mutilation	Prairie St John's Fargo, ND	December 23, 2008 December 2008
746	Alcohol & Drug Education	Heartview Foundation Bismarck, ND	Reoccurring Approval Jan 2009 – January 2011
747	HIV & Suicide: Assessment & Intervention	Prairie St Johns Fargo ND	February 24, 2009 December 2008
748	Conflict Management: Finding the Hidden Gems	Prairie St Johns Fargo ND	February 17, 2009 December 2008
749	Narcotics in Our Community	Prairie St Johns Fargo ND	January 20, 2009 December, 2008
750	Basic Dysrhythmia	St Josephs Hospital Dickinson ND	Jan 2009 – January 2011 December 2008
751	2009 Top Five Ways to Improve Nutrition	Southern Valley Health Watch Wahpeton ND	February 9, 2009 January 2009
752	Provision of High Quality Nursing Care	ND Board of Nursing	Reoccurring Approval Jan 22, 2009 – Jan 2011
753	Dakota Conference on Rural & Public Health	UND Center for Rural Health Grand Forks, ND	April 1- 3, 2009 January 2009
754	NDAHC Spring Meeting	ND Association for Home Care Bismarck ND	February 18, 2009 January 2009
755	The Impact of Trauma on the Developing Child: Implications for Child, Family & Community	Dacotah Foundation Bismarck ND	March 2, 2009 January 2009
756	NDDoH AFIX Program Updates	ND Dept of Health Bismarck ND	Reoccurring Approval Feb 2009 – Feb 2011
757	Immunization Updates	ND Dept of Health Bismarck ND	Reoccurring Approval Feb 2009 – Feb 2011
758	NADONA Annual Meeting –	NADONA/LTC ND Chapter	February 18 & 19, 2009 February 2009
759	PALS Recertification	St Josephs Hospital & Health Center Dickinson ND	Reoccurring Approval Feb 2009 – Feb 2011
760	PALS Initial Certification	St Josephs Hospital & Health Center Dickinson ND	Reoccurring Approval Feb 2009 – Feb 2011
761	ACLS Initial	St Josephs Hospital & Health Center Dickinson ND	Reoccurring Approval Feb 2009 – Feb 2011
762	ACLS Recertification	St Josephs Hospital & Health Center Dickinson ND	Reoccurring Approval Feb 2009 – Feb 2011
763	Hidden Victims: Children Witnessing Domestic Violence	Prairie St Johns Fargo ND	Reoccurring Approval Month of March 2009
764	Collaborative Problem Solving with Explosive Children	Prairie St Johns Fargo ND	March 17, 2009 Feb 2009
765	Modern vs. Traditional View of Health Care Profession	Badlands Right to Life Dickinson ND	March 2, 2009 Feb 2009
766	Pediatric Advanced Life Support Certification	Mercy Medical Center Williston ND	Reoccurring Approval Feb 2009 – Feb 2011
767	Pediatric Advance Life Support Recertification	Mercy Medical Center Williston ND	Reoccurring Approval Feb 2009 – Feb 2011
768	Building Social Relationships	Anne Carlson Center Jamestown ND	April 28 & 29, 2009 Feb 2009
769	ACLS Certification	Mercy Medical Center Williston ND	Reoccurring Approval Mar 2009 – Mar 2011
770	ACLS Recertification	Mercy Medical Center Williston ND	Reoccurring Approval Mar 2009 – Mar 2011
771	Practical Leadership for Nursing Service	Options Unlimited Fargo ND	April 21, 28 & May 5, 2009 Mar 2009
772	Cultural Competence, Contrasting Dominant & Tribal Values	Bismarck Burleigh Public Health Bismarck ND	March 13, 2009 Mar 2009
773	If I am I & You are You, How Can We Let that Be and Yet be We?	Bismarck Burleigh Public Health Bismarck ND	April 30, 2009 Mar 2009
774	Disaster Nursing	Bismarck Burleigh Public Health Bismarck ND	March 13, 2009 Mar 2009
775	Infection Control with an Emphasis on Pandemic Influenza	Bismarck Burleigh Public Health Bismarck ND	March 13, 2009 Mar 2009
776	The Social Norms Approach to Health Promotion and the Prevention of Youth Risk Behavior	Community Action Williston ND	April 23, 2009 Mar 2009
777	Overview of Shelter Operations in a Disaster	Bismarck Burleigh Public Health Bismarck ND	March 13, 2009 Mar 2009

778	Nursing Around the World	Sigma Theta Tau Xi Kappa Chapter	March 31, 2009 Mar 2009
779	MRSA	Bismarck Burleigh Public Health Bismarck ND	April 9, 2009 Mar 2009
780	Blood Administration	Heart of America Medical Center Rugby ND	April 21, 2009 April 2009
781	Depression in Children	Fargo Cass Public Health Fargo ND	April 22, 2009 April 2009
782	Donum Vitae (Gift of Life) Conference	Hankinson Chapter Right to Life Hankinson ND	May 5, 2009 April 2009
783	Infection Prevention & Control Update	St Francis Healthcare Wahpeton, ND	May 6, 2009 April 2009
784	NDAHC Spring Education Meeting	ND Association for Homecare Bismarck ND	May 6, 2009 April 2009
785	Pharmacy Potpourri, Appropriate Medication Usage and Special Concerns	Developmental Center Grafton ND	Reoccurring Approval April 2009 – April 2011
786	Fundamentals of Adaptive Wheelchair Setting	Developmental Center Grafton ND	May 11, 2009 April 2009
787	Respiratory Disorders & Treatments	Developmental Center Grafton ND	May 7, 2009 April 2009
788	USUI Reiki Intensive	Constance Schneider	Reoccurring Approval April 2009 – April 2011
789	The Status of STDs in ND Today	Mercy Medical Center Williston ND	Reoccurring May 2009 May 2009
790	Seclusion/Restraint Reduction & Verbal De-escalation	Prairie St Johns Fargo ND	Reoccurring May 2009 May 2009
791	Resident Assessment Instrument Basic Training	ND Dept of Health Bismarck ND	Reoccurring Approval April 2009 – April 2011
792	Nurse Faculty Intern Pilot Project Study: Year 1 & 2	ND Board of Nursing	May 14, 2009 May 2009
793	Understanding Pain Management in the LTC Facility	Medcenter One Living Centers Bismarck	Reoccurring Approval May 2009 – May 2011

**LPN IV Therapy Courses Approved 2008-09: None**

**RN/LPN Refresher Courses Approved 2008-2009:**

- Granted continued approval for the CNE-NET RN Refresher Course from July 2008 through July 2012.
- Continued Approval For The MN State Community & Technical College Refresher Course from September 2008 through September 2012.

# APPENDIX I

## NURSING EDUCATION PROGRAMS APPROVED BY BOARD OF NURSING - JUNE 30, 2009 North Dakota Board of Nursing is the recognized approver of the nursing programs in ND by the United States Department of Education

<i>Program Name and Director</i>	<i>Address</i>	<i>Type of Program</i>	<i>Term of Board Approval</i>	<i>Nat'l Nursing Organization for Accreditation</i>	<i>NCLEX® FY 07-08 Candidates Pass Rate</i>	<i>NCLEX® FY 08-09 Candidates Pass Rate</i>
North Dakota State University Dr. Mary Margaret Mooney	136 Sudro Hall P.O. Box 5055 Fargo, ND 58105-5055	Doctor of Nursing Practice	Full Approval through May 2011	CCNE	NA	NA
University of Mary Glenda Reemts, MSN	7500 University Drive, Bismarck, ND 58504	Masters Degree	Full Approval through November 2010	CCNE	NA	NA
University of North Dakota Dr. Helen Meland	Box 9025, Grand Forks, ND 58201	Masters Degree	Full Approval through January 2011	CCNE	NA	NA
North Dakota State University Dr. Mary Margaret Mooney	136 Sudro Hall P.O. Box 5055 Fargo, ND 58105-5055	Masters Degree	Full Approval through May 2011	CCNE	NA	NA
Dickinson State University Dr. MaryAnne Marsh	291 Campus Drive, Dickinson, ND 58601-4896	Baccalaureate Degree	Full Approval through May 2011	NLNAC	81.8%	85.2%
Jamestown College Dr. Jacqueline Mangnall	Box 6010, Jamestown, ND 58401-6010	Baccalaureate Degree	Full Approval through November 2009	NLNAC	82.8%	84.2%
Medcenter One College Of Nursing Dr. Karen Latham	512 North 7 <sup>th</sup> St., Bismarck, ND 58501-4494	Baccalaureate Degree	Full Approval through March 2012	CCNE	100%	88.1%
Minot State University Kelly Buettner-Schmidt, MSN	500 University Ave W, Minot, ND 58701	Baccalaureate Degree	Full Approval through May 2011	NLNAC	79.4%	82.1%
University Of Mary Glenda Reemts, MSN	7500 University Drive, Bismarck, ND 58504	Baccalaureate Degree	Full Approval through November 2010	CCNE	88.8%	81.2%
University Of North Dakota Dr. Helen Melland	Box 9025, Grand Forks, ND 58201	Baccalaureate Degree	Full Approval Through January 2011	CCNE	85.7%	86.8%
North Dakota State University Dr. Mary Wright	136 Sudro Hall P.O. Box 5055 Fargo, ND 58105-5055	Baccalaureate Degree	Full Approval through May 2011	CCNE	96.4%	91.9%
Concordia College Dr. Polly Kloster	901 South 8th Street Moorhead, MN 56562	Baccalaureate Degree	Full Approval through November 2009	CCNE	94.3% (reported by MN-BON)	93.9% (reported by MN-BON)
Dakota Nurse Program RN Julie Traynor, MS	Bismarck State College Lake Region State College Minot State College-Bottineau Williston State College	Associate Degree - RN	Full Approval through May 2011	None	72.7%	85.7%

North Dakota State College of Science Barbara Diederick, MS	800 6 <sup>th</sup> St. North, Wahpeton, ND 58075-3602	Associate Degree - RN	Full Approval through March 2011	None	73.7%	94.7%
Dickinson State University Dr. MaryAnne Marsh	291 Campus Drive, Dickinson, ND 58601-4896	Associate Degree – PN	Full Approval through May 2011	NLNAC	82.6%	93.3%
North Dakota State College of Science Barbara Diederick, MS	800 6 <sup>th</sup> St. North, Wahpeton, ND 58075-3602	Associate Degree – PN	Full Approval through March 2011	NLNAC	95.9%	95.1%
United Tribes Technical College Evelyn Orth, MSN, Mmgt	3315 University Dr., Bismarck, ND 58504-7596	Associate Degree – PN	Full Approval through November 2011	NLNAC	88.9%	100%
Sitting Bull Community College D'Arlyn Bauer, MSN, Mmgt	1341 92 <sup>ND</sup> Street, Fort Yates, ND 58538	Associate Degree – PN	Full Approval through November 2010	None	100%	50%
Dakota Nurse Program PN Julie Traynor , MS	Bismarck State College Lake Region State College Minot State College- Bottineau Williston State College Fort Berthold CC	Certificate PN	Full Approval through May 2011	None	94.3%	96.7%

**APPENDIX II**  
**FINANCIAL REPORTS**

**NORTH DAKOTA BOARD OF NURSING**  
**SCHEDULE OF REVENUES AND EXPENSES - BUDGET AND ACTUAL**  
**YEAR ENDED JUNE 30, 2009**

		<b><u>GENERAL FUND</u></b>		
		<b><u>Original and Final Budget</u></b>	<b><u>Actual</u></b>	<b><u>Variance</u></b>
<b>REVENUES</b>				
Endorsements				
Professional		\$ 28,600	\$ 32,725	\$ 4,125
Practical		9,350	8,745	(605)
Re-registration				
Professional		360,000	372,960	12,960
Practical		119,000	121,170	2,170
Exams				
Professional		49,500	65,230	15,730
Practical		33,000	33,400	400
Verification				
Professional		-	20	20
Affidavits				
Professional		4,650	5,625	975
Fees				
Professional		1,200	1,445	245
Advance licensure		17,200	21,735	4,535
Prescriptive Authority		8,750	10,525	1,775
UAP registry		59,500	41,090	(18,410)
Medication Assistant Application		31,000	33,965	2,965
Labels and mailing list		4,000	3,217	(783)
Disciplinary fees		37,000	34,631	(2,369)
Penalty fees		2,500	3,660	1,160
Workplace Impairment Program		9,000	8,330	(670)
Encumbrance fees		2,160	2,430	270
School surveys		2,500	3,500	1,000
Publications		200	527	327
Refresher Course		825	1,000	175
Continuing Education Presentations		3,000	5,500	2,500
NNAAP testing		25,600	28,147	2,547
CHRC Processing Fee – RN/LPN		-	22,020	22,020
Interest		20,000	22,549	2,549
Grant funding		-	30,965	30,965
Other		3,750	17,585	13,835
Total revenues		<b><u>832,285</u></b>	<b><u>932,696</u></b>	<b><u>100,411</u></b>

**APPENDIX II CONTINUED**  
**FINANCIAL REPORTS**

**DETAILED STATEMENT OF REVENUES AND EXPENSES - BUDGET AND ACTUAL - page 2**

	<b><u>GENERAL FUND</u></b>		
	<b>Original and Final</b>		
	<b><u>Budget</u></b>	<b><u>Actual</u></b>	<b><u>Variance</u></b>
<b>EXPENSES</b>			
Salaries	414,600	434,038	(19,438)
Benefits	69,522	72,394	(2,872)
EAP Program Premiums	140	135	5
Health Insurance	63,200	62,518	682
Life Insurance	135	112	23
Workers Compensation	750	686	64
Staff expenses	1,000	447	553
Total employee compensation and benefits	549,347	570,330	(20,983)
Board staff expenses	15,000	10,737	4,263
Board meetings expenses	46,000	34,368	11,632
Total board expenses	61,000	45,105	15,895
Rent	30,240	30,240	-
Phone expense	6,000	6,278	(278)
Office supplies expense	7,000	6,847	153
Microfilm	250	114	136
Postage expense	19,000	20,210	(1,210)
Printing expense	2,500	2,711	(211)
Publications and subscriptions	1,500	1,255	245
Service contract	1,200	1,023	177
Repairs and parts	500	157	343
Office insurance	1,300	1,067	233
Disciplinary process	1,500	1,926	(426)
NCSBN	6,000	6,000	-
Bank charges	100	63	37
Audit fees	5,700	5,700	-
Legal fees	40,200	41,690	(1,490)
Legislative Consultant	4,500	10,072	(5,572)
Technology maintenance	5,000	4,768	232
On-line renewal/verification	21,000	15,154	5,846
Equipment expense	7,000	4,608	2,392
Internet service	15,000	13,367	1,633
Office maintenance	2,400	2,100	300
On-line application fee	5,000	4,025	975
Miscellaneous	1,250	1,433	(183)
Transfer to NN	35,000	35,000	-
Background check expenses	-	30,965	(30,965)
Depreciation expense	-	9,801	(9,801)
Total other operating expenses	219,140	256,574	(37,434)

**APPENDIX II CONTINUED**  
**FINANCIAL REPORTS**

**DETAILED STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL - page 3**

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	<b><u>GENERAL FUND</u></b>		
	<b><u>Original and Final Budget</u></b>	<b><u>Actual</u></b>	<b><u>Variance</u></b>
Total expenses	829,487	872,009	(42,522)
REVENUES OVER EXPENSES	<u>\$ 2,798</u>	<u>\$60,687</u>	<u>\$ 57,889</u>



### APPENDIX III

	Fiscal Yr 2006-2007		Fiscal Yr 2007-2008		Fiscal Yr 2008-2009	
<b>CATEGORIES</b>	LPN	RN	LPN	RN	LPN	RN
Licensed Nurses	3594	9122	3634	9634	3647	9975
Exam	289	460	284	542	287	542
Endorsement	82	249	98	332	58	262
Advanced Practice RN	0	694	0	641	0	675
Prescriptive Authority	0	318	0	342	0	390
<b>GENDER STATISTICS</b>						
Male	103	542	99	592	106	627
Female	3491	8580	3535	9042	3541	9348
<b>ETHNIC</b>						
African American	16	19	18	43	18	45
Asian	0	2	0	4	3	13
Asian Indian	41	46	36	42	36	41
Other Asian	12	43	13	38	12	36
Hispanic	16	28	21	29	20	33
Native American/ American Eskimo	68	79	78	89	85	97
Other	17	44	18	47	19	44
Pacific Islander	3	8	3	11	3	10
White not of Hispanic Origin	3421	8853	3447	9331	3451	9656
<b>EMPLOYMENT</b>						
Employed Full Time	2196	6006	2239	6487	2308	6873
Employed Part Time	1023	2441	1009	2486	969	2266
Not Employed	375	675	386	661	370	636
<b>EMPLOYMENT SETTING</b>						
Ambulatory Care Clinic	200	496	200	519	211	557
Church	2	43	1	50	2	45
Government	39	197	39	217	46	238
Home Health	68	264	66	257	70	255
Hospital	924	4620	840	4818	787	5016
Military	7	64	7	57	8	58
Nursing Home/Extended Care	981	861	975	845	1012	863
Nursing Education Program	11	231	13	250	10	263
Occupational Health	11	45	16	47	14	55
Other	558	1224	641	1492	632	1512
Physicians Office	677	552	730	563	746	597
Public/Community Health	49	325	48	324	53	323
School Health Services	29	61	24	59	23	63
Self Employed	12	67	11	78	11	71
Social Services	17	39	12	28	11	24
Temporary Agency	9	22	10	18	10	20
Volunteer	0	11	1	12	1	15

### APPENDIX III CONTINUED

	Fiscal Yr 2006-2007		Fiscal Yr 2007-2008		Fiscal Yr 2008-2009	
<b>PRACTICE AREA</b>	LPN	RN	LPN	RN	LPN	RN
Anesthesia	0	242	0	247	0	258
Chemical Dependency	15	23	10	20	14	24
Critical Care	22	614	18	628	13	628
Emergency Care	18	342	17	383	22	405
Family Practice	375	360	388	383	405	401
Geriatrics	1018	890	985	872	993	884
Home Health	66	275	69	270	68	272
Maternal/Child Health	111	439	98	452	99	464
Med/Surg	508	1435	452	1466	409	1484
Mental Health	109	353	102	363	96	376
Neonatology	12	178	8	195	8	218
Nursing Administration	19	275	20	271	21	291
Oncology	23	227	27	256	29	259
Other	1039	2144	1178	2487	1193	2619
Parish	2	61	3	61	3	55
Pediatrics	95	223	93	223	90	236
Perioperative	16	408	19	414	25	431
Public/Community Health	47	320	48	315	48	309
Quality Assurance	10	90	10	99	11	111
Rehab	59	114	60	123	64	128
School	30	109	29	106	36	122
<b>NURSING POSITION</b>						
Advanced Practice RN	0	694	0	641	0	675
Nurse Administrator	10	265	7	265	6	271
Nurse Consultant	5	111	3	111	1	108
Nurse Educator	15	262	13	255	8	258
Nursing Faculty	15	80	20	96	20	109
Nursing Manager	62	692	66	703	65	712
Office Nurse	618	436	639	448	641	456
Other	560	1180	638	1420	676	1499
Specialty Practice Nurse	2	27	0	6	0	6
Staff Nurse	2280	5277	2217	5584	2204	5771
Travel Nurse	27	98	31	105	26	110
<b>EDUCATION</b>						
Vocational Certificate/Diploma	1489	1397	1517	1371	0	1301
Associate Degree	2028	1473	2036	1718	2034	1885
Bachelors in Nursing	0	4995	0	5242	6	5438
Bachelors in Other	70	205	75	201	86	215
Masters in Nursing	0	625	0	690	0	735
Masters in Other	7	234	6	233	6	230
Doctorate in Nursing	0	30	0	31	0	32
Doctorate in Other	0	37	0	36	2	38
AP Post Basic Education	0	107	0	90	0	80
Post BS Anesthesia	0	19	0	22	1513	21

**APPENDIX IV  
FISCAL YEAR COUNTY DISTRIBUTION OF LICENSED NURSES**

	Fiscal Yr 2006-2007		Fiscal Yr 2007-2008		Fiscal Yr 2008-2009	
<b>County</b>	<b>LPN</b>	<b>RN</b>	<b>LPN</b>	<b>RN</b>	<b>LPN</b>	<b>RN</b>
Adams	12	43	11	42	12	40
Barnes	54	101	54	98	52	99
Benson	24	24	24	27	24	27
Billings	1	2	3	3	4	5
Bottineau	41	70	44	70	45	77
Bowman	18	34	16	39	15	35
Burke	9	18	9	14	8	14
Burleigh	253	1373	263	1426	257	1493
Cass	709	1964	711	2059	716	2163
Cavalier	29	39	24	34	30	35
Dickey	27	48	28	53	29	51
Divide	12	21	10	25	9	26
Dunn	14	16	12	19	12	23
Eddy	21	19	23	19	19	18
Emmons	13	37	14	31	13	34
Foster	17	43	17	45	17	42
Golden Valley	3	11	2	9	3	9
Grand Forks	292	770	322	819	322	853
Grant	12	25	11	24	10	26
Griggs	18	15	20	16	21	18
Hettinger	15	21	13	22	12	22
Kidder	6	20	5	20	6	20
Lamoure	24	39	23	36	23	37
Logan	12	14	11	18	8	16
McHenry	27	60	26	60	24	57
McKenzie	25	40	23	38	23	38
McIntosh	24	29	27	33	26	37
McLean	45	104	51	106	52	106
Mercer	23	71	25	77	29	80
Morton	102	350	102	366	105	381
Mountrail	28	38	27	40	31	44
Nelson	22	33	24	33	24	39

**APPENDIX IV CONTINUED**

	Fiscal Yr 2006-2007		Fiscal Yr 2007-2008		Fiscal Yr 2008-2009	
<b>County</b>	<b>LPN</b>	<b>RN</b>	<b>LPN</b>	<b>RN</b>	<b>LPN</b>	<b>RN</b>
Oliver	3	10	4	11	4	12
Pembina	40	56	44	51	48	52
Pierce	41	41	37	37	34	38
Ramsey	95	100	94	107	92	101
Ransom	37	44	39	42	39	40
Renville	6	27	7	28	8	26
Richland	90	118	88	115	92	114
Rolette	51	97	51	96	57	98
Sargent	28	21	29	21	31	25
Sheridan	8	13	8	14	7	17
Sioux	7	11	7	16	7	16
Slope	4	3	5	2	5	2
Stark	119	230	117	232	112	227
Steele	9	19	9	22	10	22
Stutsman	94	265	95	265	98	266
Towner	20	20	19	21	19	22
Traill	57	97	54	93	52	96
Walsh	72	107	77	105	79	111
Ward	221	624	218	657	217	689
Wells	19	39	19	39	21	41
Williams	125	167	117	184	119	186
Out of State	516	1521	521	1755	515	1809
<b>Total</b>	<b>3594</b>	<b>9122</b>	<b>3634</b>	<b>9634</b>	<b>3647</b>	<b>9975</b>

**APPENDIX V**  
**NORTH DAKOTA BOARD OF NURSING STRATEGIC PLAN 2006-2009**  
**Summary 2008-2009**

<b>Goal 1: Public Protection Is Ensured Through Evidence-Based Regulation</b>			
1. Systematically review the healthcare environment impacting nursing practice and regulation.	1. Monitor trend data on healthcare in North Dakota, regionally and nationally.  2. Evaluate regulatory processes in relationship to the Board's mission, vision and value statements.  3. Evaluate and report the successes/challenges of Nurse Licensure Compact (NLC).	1. <ul style="list-style-type: none"> <li>◆ Ongoing data collection and analysis.</li> <li>◆ Allocate funding for study according to the research needs.</li> </ul> 2. <ul style="list-style-type: none"> <li>◆ Review Nurse Practices Act and Rules annually at the July Board Meeting.</li> </ul> 3. <ul style="list-style-type: none"> <li>◆ Report the progress and evaluation of the NLC annually at the July Board Meeting.</li> </ul>	1. <ul style="list-style-type: none"> <li>◆ Nursing Needs Study ongoing. Licensed nurse &amp; student survey completed. Report at July 09 Board Meeting.</li> </ul> 2. <ul style="list-style-type: none"> <li>◆ Rule promulgation related to Expedited Partner Therapy effective January 1, 2009.</li> <li>◆ Board &amp; Staff attended an Public Meeting &amp; Open Records presentation at the November 08 Board Meeting.</li> </ul> 3. <ul style="list-style-type: none"> <li>◆ 24 states in NLC; Missouri legislation passed; NCSBN has established a task force related to uniform core requirements for all jurisdictions.</li> </ul>
2. <u>Licensure and Registration</u> : Ensure the licensure and registration of qualified individuals for the practice of nursing.	1. Improve the accuracy and efficiency of processing applications and issuing licenses/registration cards.  2. Continue electronic enhancements to licensure/registration processes.	1. <ul style="list-style-type: none"> <li>◆ FY2006 -2007 - Establish a tracking system for processing licensure/registration applications.</li> <li>◆ FY 2007-2008 – Identify quality indicators for a licensure/registration processing system.</li> <li>◆ FY 2008-2009 – Evaluate performance in relation to quality indicators.</li> <li>◆ Utilize data from the Commitment to Ongoing Regulatory Excellence Project to establish benchmarks for continued improvement of services based on NCSBN timeline.</li> </ul> 2. <ul style="list-style-type: none"> <li>◆ By FY 2009, 95% of licensing applications occur electronically.</li> <li>◆ Explore the feasibility of submitting official transcripts electronically on an ongoing basis.</li> <li>◆ Implement applications for licensure by examination online during FY 2006-2007.</li> <li>◆ Implement licensure by endorsement on line during FY 2006-2007.</li> <li>◆ Applicant can monitor status the electronic application FY 2006-2007.</li> <li>◆ Explore the feasibility of on line UAP renewal during FY 2007-2008.</li> </ul>	1. <ul style="list-style-type: none"> <li>◆ Tracking system and online examination and endorsement is operational. Enhancements ongoing for UAP and APRN.</li> <li>◆ North Dakota CORE Data report received. Compared data with current statistics. Report at May meeting and Dakota Nurse Connection Summer Edition.</li> </ul> 2. <ul style="list-style-type: none"> <li>◆ All RN, LPN and UAP Renewal, examination, and endorsement applications processed online.</li> <li>◆ Tracking system for monitoring status of electronic applications implemented.</li> <li>◆ Implemented Online UAP renewal.</li> <li>◆ Initial applications and discipline documents scanned and placed in repository.</li> </ul>

	<p>3. Evaluate NPA and rules for consistency with licensure standards.</p> <p>4. Assess the records retention systems' impact on licensing activities.</p>	<p>3.</p> <ul style="list-style-type: none"> <li>Review current NPA laws, rules and standards in relation to qualifications for licensure and report FY 2008-2009.</li> <li>Promulgation of rules as necessary for implementing standards and compliance requirements.</li> <li>Propose legislation to gain regulatory authority to require criminal background checks FY 2006-2007.</li> </ul> <p>4.</p> <ul style="list-style-type: none"> <li>Evaluate the database fields in relationship to the components on the licensure applications FY 2006-2007.</li> <li>Implement changes to database as necessary.</li> <li>Implement changes to the records retention system as necessary.</li> </ul>	<p>3.</p> <ul style="list-style-type: none"> <li>Criminal History Record Checks and other enhancements to the rules effective July 1. Applications processed -1274 CHRC as of June 30, 2009.</li> <li>SB 2260 Criminal Background Check Legislation introduced 2007 Session. Passed &amp; implementation July 2008. Received OATS Grant for implementation.</li> </ul> <p>4.</p> <ul style="list-style-type: none"> <li>Data Repository for licensure by examination and endorsement was implemented July 07.</li> <li>Implementation of required fields for CHRC in place</li> <li>Records Retention schedule, updated and ongoing. Latest completed December 15 with revisions sent to ITD on December 31. Notice of completion from ITD June 09</li> </ul>
<p>3. <u>Continued Competence:</u> Evaluate the standards for continued competence.</p>	<p>1. Evaluate the scopes of practice and accountability of each level of licensure.</p> <p>2. Audit compliance with continuing competence requirements.</p> <p>3. Research effect of mandatory continuing education on nursing practice.</p> <p>4. Research the effect of mandatory practice hours.</p>	<p>1.</p> <ul style="list-style-type: none"> <li>Track monthly practice calls and report at all board meetings.</li> <li>Activate Nurse Practice Committee to discuss statewide practice issues and requests for opinions.</li> <li>Review data available and report to Board and Nursing Education Committee FY 2006-2007.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>100% of licensees selected for CE audit are audited in compliance with the law and report findings annually.</li> </ul> <p>3.</p> <ul style="list-style-type: none"> <li>Compare discipline rates before 2002 to rates for 2006 for effect of mandatory continuing education.</li> </ul> <p>4.</p> <ul style="list-style-type: none"> <li>Design a research study to determine the effect of mandatory practice hours – FY 2008-2009.</li> </ul>	<p>1.</p> <ul style="list-style-type: none"> <li>Practice calls tracked and utilized for National Council Practice Teleconference.</li> <li>Summary of monthly practice calls presented at each board meeting.</li> <li>Nurse Practice Committee <ul style="list-style-type: none"> <li>- NPC phone conferences- April 29 and May 4, 2009 :</li> <li>- Revised RN &amp; LPN Scope of Practice in the Utilization of Prescription Protocols in Clinic Settings</li> <li>- Reviewed policy on "Licensure of Nurse – Disaster or Emergency Plan;</li> <li>- Role of the RN in the Management of Analgesia by Catheter Techniques for Nonpregnant Patients."</li> </ul> </li> <li>Practice Calls- 1054 (7/08-6/09).</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>CE Audit completed with Online Renewal process. Review of compliance completed with 100% meeting requirement.</li> </ul> <p>3.</p> <ul style="list-style-type: none"> <li>Rates compared; slight increase but when adjusted for increase in licensees there was no effect.</li> </ul> <p>4.</p> <ul style="list-style-type: none"> <li>Completed an annotated bibliography of select articles related to continued competence.</li> </ul>

<p>4. <u>Nursing Education</u>: Evaluate standards and outcomes for nursing education programs.</p>	<p>1. Ensure the outcome of nursing programs is preparation of qualified candidates for licensure.</p> <p>2. Collaborate with nursing education regarding curriculum development for advancing nursing practice models.</p> <p>3. Study innovative approaches for nursing education programs.</p>	<p>1.</p> <ul style="list-style-type: none"> <li>◆ 100% of nursing education programs are monitored for compliance according to established law.</li> <li>◆ 100% of non-compliant nursing education programs receive notice of areas of non-compliance with an offer of consultation from Board staff.</li> <li>◆ 100% of nursing education programs that do not comply with established standards in the time frame specified by the Board has an appearance before the Board.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>◆ Data from national studies on nursing is presented to nursing education committee and nursing education program representatives for curricular decisions on an annual basis.</li> </ul> <p>3.</p> <ul style="list-style-type: none"> <li>◆ Nursing Education Committee collaborates with nursing education program representatives to study articulation plans in 2006-07.</li> <li>◆ Apply for grant funding for the Nurse Faculty Internship Pilot project FY 2006-2007. Reapply if needed.</li> <li>◆ Nurse Faculty Internship (NFI) Pilot project begins Fall 2006</li> <li>◆ Benchmarking of NFI to be completed annually</li> </ul>	<p>1.</p> <ul style="list-style-type: none"> <li>◆ Major Programmatic changes presented to board for approval <ul style="list-style-type: none"> <li>- U-Mary BSN</li> <li>- Dakota Nursing Program Consortium</li> <li>-Dakota Nursing Program ADN</li> </ul> </li> <li>◆ To date the following programs were surveyed FY 2008-2009: <ul style="list-style-type: none"> <li>- NDSU Graduate Program</li> </ul> </li> <li>◆ The following programs were surveyed in FY 2008-2009: <ul style="list-style-type: none"> <li>- Dakota Nursing Programs</li> <li>AAS</li> <li>- TMCC AASPN</li> </ul> </li> </ul> <p>Upon review of the Education Annual Report All nursing programs with non-compliance issues were notified and offer of consultation if appropriate was made after the November 2008 Board Meeting.</p> <p>2.</p> <ul style="list-style-type: none"> <li>◆ Met with ND Advanced Practice Organization and discussed current issues relative to AP.</li> <li>◆ Represented Board at NDONE, ND Consortium 2379, Nursing Education Capacity &amp; NDNLC Meetings.</li> </ul> <p>3.</p> <ul style="list-style-type: none"> <li>◆ Articulation is being discussed in the Nursing Education Capacity group funded by RWJ &amp; AARP collaboration.</li> <li>◆ Applied but was unsuccessful for continued funding for the NFI Pilot Study 2009-11.</li> <li>◆ Project began in Fall 2006 with 30 interns for AY 2006-2007, 33 for AY 2007-2008, and for 2008-2009 there are 39 active participants as of 6/30/09.</li> <li>◆ Data collection for research related to NFI ceased June 30, 2009. <ul style="list-style-type: none"> <li>- Final response rate from the NFI participants was (34/35) 97% and 94% response from the mentors.</li> <li>-Nurse Faculty Intern and Mentor focus groups data for year 2 continues to be analyzed.</li> </ul> </li> <li>◆ Presented Year 1 &amp; 2 NFI preliminary findings at AACN Masters Conference, Midwest Nurse Educator and the Academy.</li> <li>◆ Disseminated pertinent research findings at the Nursing Education Capacity Summit February 4-5, 2009.</li> <li>◆ Participating in North Dakota Nursing Education Consortium meetings.</li> </ul> <p>4.</p>
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	<p>4. Evaluate the impact of out of state programs in ND.</p> <p>5. Provide information to stakeholders about nursing education programs.</p>	<p>4.</p> <ul style="list-style-type: none"> <li>Nursing Education Committee gathers information and analyzes the trends of out-of-state programs in ND annually.</li> <li>Nursing Education Committee makes recommendations for changes to NPA and NDAC 54-03.2 as necessary.</li> <li>Review licensure requirements for out of state nursing faculty supervising students in ND FY 2006-2007.</li> </ul> <p>5.</p> <ul style="list-style-type: none"> <li>Analyze annual reports of nursing education programs</li> <li>Annual education report available by November each year.</li> <li>Submission of enrollment data will be accomplished in an electronic format by 2008.</li> </ul>	<ul style="list-style-type: none"> <li>Utilized Board policy for Out of State Students completing Clinical in ND and reported to NDNLC. No proposed legislative changes introduced.</li> <li>Article related to unaccredited programs and specific educational requirements for license by exam or endorsement in ND published twice in Dakota Nurse Connection.</li> <li>Tracked number and type of 809 out-of-state students in ND clinical facilities for FY 2008-2009. This is 33 more students than the past FY.</li> <li>Ensured out-of-state students were supervised by faculty holding a current ND or Multi-state license.</li> </ul> <p>5.</p> <ul style="list-style-type: none"> <li>FY 2007- 2008-report submitted to Board November 2008 for approval.</li> <li>Report to BON November 2008.</li> <li>Presented ongoing updates of NFI to CUNEA and NEC November 2008, March 2009, May 2009.</li> </ul>
<p>5. <u>Discipline/WIP:</u> Enforce scope and standards of practice of licensed nurses and roles of UAP.</p>	<p>1. Ensure fairness and efficiency in regulatory disciplinary processes with a quality framework.</p> <p>2. Study web-based compliance monitoring.</p> <p>3. Conduct evaluation of investigative process.</p> <p>4. Evaluate disciplinary policies.</p>	<p>1.</p> <ul style="list-style-type: none"> <li>Incorporate use of TERCAP as investigative tool by January 2007.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>Prepare a composite of web-based requirements for compliance monitoring by August 2006.</li> </ul> <p>3.</p> <ul style="list-style-type: none"> <li>100% of disciplinary cases are resolved in accordance with Board policy.</li> <li>A majority (greater than 50%) of disciplinary cases are resolved within three months of receipt of initial complaint.</li> <li>Analyze the time frames associated with resolution of complaints on a quarterly basis and identify outliers.</li> </ul> <p>4.</p> <ul style="list-style-type: none"> <li>100% of disciplinary policies are reviewed and updated annually.</li> </ul>	<p>1.</p> <ul style="list-style-type: none"> <li>As of July 1, 2007, all discipline cases were entered into TERCAP. North Dakota submitted 36 cases in 2007, 21 cases in 2008, and 10 cases for the first quarter 2009.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>Approximate cost was estimated to be \$2,000 per electronic form. Due to the high cost and the minimal number of program participants, the PMC committee concluded that web-based compliance monitoring was not feasible at this time.</li> </ul> <p>3.</p> <ul style="list-style-type: none"> <li>PMC reviewed discipline summary data at Nov 2007 and May 2009 meeting</li> <li>Average days from receipt to resolution for PVRs as of FY 06/07 07/08 as of 4/09           <ul style="list-style-type: none"> <li>RN/LPN: 70 62 65</li> <li>UAP: 40 27 38</li> </ul> </li> <li>PMC reviewed the resolution summaries at their meetings.</li> <li>Directors reviewed the resolution summaries at Director's meetings.</li> </ul> <p>4.</p> <ul style="list-style-type: none"> <li>Policies were reviewed by PMC and approved by Board at Nov 2007 and May 2009 meeting .</li> </ul>



	<p>5. Conduct evaluation of WIP.</p> <p>6. Conduct evaluation of probation monitoring process.</p>	<p>5.</p> <ul style="list-style-type: none"> <li>◆ Conduct biannual audits of compliance monitoring to assure that non-compliance is addressed within established time frames.</li> <li>◆ 100% of WIP participants are monitored for compliance with Board agreement/order and non-compliance is addressed within established time frames.</li> </ul> <p>6.</p> <ul style="list-style-type: none"> <li>◆ Conduct biannual audits of compliance monitoring to assure that non-compliance is addressed within established time frames.</li> <li>◆ 100% of probation participants are monitored for compliance with Board order and non-compliance with Board order is addressed within established time frames.</li> </ul>	<p>5.</p> <ul style="list-style-type: none"> <li>◆ Staff created PMC audit checklist.</li> <li>◆ PMC audited 5 WIP cases as part of their meetings.</li> </ul> <p>0. All files were in compliance with audit criteria.</p> <p>1. PMC recommended WIP program review and evaluation in next strategic plan.</p> <p>6.</p> <ul style="list-style-type: none"> <li>◆ Staff created PMC audit checklist.</li> <li>◆ PMC audited 5 encumbered cases as part of their meetings.</li> <li>◆ All files were in compliance with audit criteria.</li> </ul> <p>NOTE: PMC recommended a shift in the focus of the committee to be evaluated with the next strategic plan.</p>
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## Goal 2: Effective Coalitions Exist With Stakeholders

<p>1. Educate the professional nursing community and the public about the mission of the Board.</p>	<p>1. Publish information collected from research projects.</p> <p>2. Communicate information pertinent to nursing regulation.</p>	<p>1.</p> <ul style="list-style-type: none"> <li>◆ Disseminate results of the Nursing Needs Study and other research projects on the website on an ongoing basis.</li> <li>◆ Summarize research activities in ND annually.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>◆ Plan ongoing regulatory education sessions.</li> <li>◆ Distribute to ND policymakers, nurses, and healthcare organizations four times each year.</li> </ul>	<p>1.</p> <ul style="list-style-type: none"> <li>◆ Link to the all NNS and Medication Aide Study on the Website at Center for Rural Health.</li> <li>◆ Summary placed in Dakota Nurse Connection. Six year study was published in Dakota Nurse Connection in Winter 2008. Licensed nurse and student survey completed for July 09 meeting.</li> <li>◆ All studies available on the UND Website with links on the National Council State Boards of Nursing and North Dakota Board of Nursing website.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>◆ Regulatory sessions provided upon request.</li> <li>◆ Dakota Nurse Connection has been distributed to all every quarter.</li> </ul>
<p>2. Continue coalition building with healthcare and professional organizations, and policy makers.</p>	<p>1. Enhance communication among regulatory boards, nursing organizations, education organizations, and policy makers.</p> <p>2. Enhance communication with nursing stakeholders and public.</p>	<p>1.</p> <ul style="list-style-type: none"> <li>◆ Board Members contact policy makers on legislative issues as necessary.</li> <li>◆ Board Members follow the Communication Policy by reporting contacts at Board meetings three times per year.</li> <li>◆ Participate in North Dakota Nurse Leadership Council as an Associate member (non-voting).</li> <li>◆ Report on NDNLC activities to the Board of Nursing and stakeholders three times per year.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>◆ Post agendas and minutes on website.</li> <li>◆ Offer web based media for participation as applicable.</li> <li>◆ Continue to promote the use of the "Contact Us" on the website.</li> <li>◆ Continue open board and committee meetings.</li> </ul>	<p>1.</p> <ul style="list-style-type: none"> <li>◆ Contacts made on legislative issues by Board Members.</li> <li>◆ Communication of contact discussed at all the meetings.</li> <li>◆ President, vice president or Executive Director attended all meetings.</li> <li>◆ Reports provided along with minutes to full Board.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>◆ Agendas and minutes posted.</li> <li>◆ BTWAN system well utilized at January 2009 meeting.</li> <li>◆ Contact us utilized.</li> <li>◆ All meetings are noticed thru the Secretary of State's office.</li> </ul>

<p><b>Goal 3:</b></p> <p><b>Nursing Workforce issues Are Addressed In Collaboration With Stakeholders</b></p>			
<p>1. Be proactive and innovative in addressing issues related to the availability of nursing resources.</p>	<p>1. Continue participation in state, national and international initiatives to support a competent and mobile nursing workforce.</p> <p>2. Study the impact of innovative nursing education models on the nursing workforce.</p> <p>3. Support a state-wide repository for healthcare research and data collection.</p>	<p>1.</p> <ul style="list-style-type: none"> <li>◆ Utilize data from workforce initiatives on an ongoing basis.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>◆ Track numbers of graduates from innovative education models who license in ND annually.</li> <li>◆ Survey employers of graduates from innovative education models who license in ND 2008-2009.</li> <li>◆ Survey graduates from innovative education models who license in ND 2008-2009.</li> <li>◆ Explore possibility of collaborative pilot project with National Council State Boards of Nursing 2007-2008.</li> </ul> <p>3.</p> <ul style="list-style-type: none"> <li>◆ Continue commitment to contracting with University of North Dakota Center for Rural Health for the Nursing Needs Study through FY 2008-2009.</li> <li>◆ Identify sources of data, types of data, and review potential data elements that require collection on an ongoing basis.</li> <li>◆ Utilize website to disseminate research findings.</li> <li>◆ Annual report on the recommendations from the Nursing Needs Study to healthcare organizations.</li> </ul>	<p>1.</p> <ul style="list-style-type: none"> <li>◆ Board continues to fund the Nursing Needs Study. Seventh year report completed.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>◆ Requested continued funding of the NFI by NCSBN, however not funded.</li> </ul> <p>3.</p> <ul style="list-style-type: none"> <li>◆ Funding continued; Final report to NDBON and to ND Interim Higher Education Committee in July 2008.</li> <li>◆ Links provided for all research studies.</li> <li>◆ BON Report on Recruitment and Retention provided to NDNLC and NDONE.</li> <li>◆ Dr. Patricia Moulton provides oral and written update at the July Board Meeting.</li> </ul>

#### Goal 4: Board Member Leadership Is Effective

<p>1. Provide Board Members opportunities for leadership development</p>	<p>1. Provide structured format for Board Member role development.</p> <p>2. Promote active participation of Board Members at the state and national level</p>	<p>1.</p> <ul style="list-style-type: none"> <li>◆ Revise Board Member Orientation manual to include a formalized mentorship process during FY 2006-2007.</li> <li>◆ Focus on leadership role development during annual retreat.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>◆ Develop selection process for Board members to attend state conferences during FY 2006-2007</li> <li>◆ Develop selection process for Board members to attend national conferences during FY 2006-2007.</li> <li>◆ Develop selection process for Board member participation on Board committees-FY 2007-2008.</li> <li>◆ Communicate to Board Members regarding opportunities to serve at the national level on an annual basis.</li> </ul>	<p>1.</p> <ul style="list-style-type: none"> <li>◆ Orientation manual revisions completed. Mentors assigned to newly appointed Board Members.</li> <li>◆ September 08 retreat focused on “Rx for Change” presented by Terry Fleck.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>◆ Communication Policy expanded to include attendance at state and national conferences and meetings. Revised 7/07.</li> <li>◆ Handbook for Board Members pp. 12-13.</li> <li>◆ Selection process outlined in Handbook for Board Members pp. 12-13.</li> <li>◆ National Council State Boards of Nursing information on committee positions available to the BON via email.</li> </ul>
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**APPENDIX VI**  
**NDCC 43-12.1-04. PERSONS EXEMPT FROM PROVISIONS OF CHAPTER.**

NDCC 43.12.1-04(12). Upon written notification to the board by an out-of-state nursing program, a student practicing nursing as a part of a nursing education program preparing for initial or advanced licensure as a registered nurse or licensed practical nurse which is approved by a board of nursing and is located in an institution of higher education that offers transferable credit.

**Clinical Placement of Out-of-State Students Practicing in ND (need to add new)**  
**2008-2009**

Type of Program	Number of Students				Percentage For Type of Program	Change in Numbers from FY 2007-2008
	Summer 2007	Fall 2007	Spring 2008	Total		
Certificate PN	1	0	0	1	0.1%	No Change
AASPN	72	134	181	387	49.9 %	+ 20
ADN	0	60	66	126	16.2 %	+ 4
BSN	97	42	83	222	28.6 %	+ 69
CRNA	6	11	6	23	3.0 %	+ 1
FNP	2	14	1	17	2.2 %	+ 15
<b>Total</b>	178	261	337	776	100%	+ 109

*\* Note that Concordia College is approved by the ND Board of Nursing, therefore Concordia College nursing students are not counted in this count.*